

# INITIAL CONSULTATION QUESTIONNAIRE – PATERNITY

<b>CLIENT INFORMATION</b>			
<b>HOW DID YOU HEAR ABOUT OUR OFFICE?</b>			
Full Name:		Date of Birth:	
Driver's License #:	Social Security #:	Place of Birth:	
Physical Address:			
City:	County:	State:	Zip Code:
Mailing Address (if different):			
City:	County:	State:	Zip Code:
Employer:		Employer's Address:	
Work Phone Number:	Home Phone Number:	Cell Phone Number:	
Email Address:			
<b>OTHER PARENT'S INFORMATION</b>			
Full Name:		Date of Birth:	
Driver's License #:	Social Security #:	Place of Birth:	
Physical Address:			
City:	County:	State:	Zip Code:
Mailing Address (if different):			
City:	County:	State:	Zip Code:
Employer:		Employer's Address:	
Work Phone Number:	Home Phone Number:	Cell Phone Number:	
<b>CHILDREN THE SUBJECT OF THIS SUIT</b>			
Full Name:		Date of Birth:	
<input type="checkbox"/> Male <input type="checkbox"/> Female	Social Security #:	Place of Birth:	
Full Name:		Date of Birth:	
<input type="checkbox"/> Male <input type="checkbox"/> Female	Social Security #:	Place of Birth:	
Full Name:		Date of Birth:	
<input type="checkbox"/> Male <input type="checkbox"/> Female	Social Security #:	Place of Birth:	
<b>OTHER INFORMATION</b>			
Has there been DNA testing?: <input type="checkbox"/> YES <input type="checkbox"/> NO		Has there been DNA testing?: <input type="checkbox"/> YES <input type="checkbox"/> NO	
Did alleged father sign birth certificate?: <input type="checkbox"/> YES <input type="checkbox"/> NO			